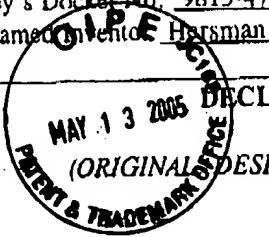


PATENT

Attorney's Docket No. 9815-47779First Named Inventor Harsman**DECLARATION SUBMITTED AFTER INITIAL FILING**(ORIGINAL) DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATIONThis declaration is of the following type: (*check one applicable item below*)

- original
 design
 supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- national stage of PCT (under 35 U.S.C. §371)

NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- divisional
 continuation
 continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title of the Invention

Apparatus and Method For Polarizing Polarizable Nuclear Species

SPECIFICATION IDENTIFICATIONthe specification of which: (*complete (a), (b) or (c)*)

- (a) is attached hereto.
(b) was filed on 7/12/01 as Serial No. 09/904294 and was amended on _____ (*if applicable*).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) was described and claimed in PCT International Application No. PCT/US01/22057 filed on 7/12/01 and as amended under PCT Article 19 on _____ (*if any*).



ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 Code of Federal Regulations § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America listed below and have also identified below, by checking the line, any foreign application for patent or inventor's certificate or any PCT international application having a filing date before that of the application on which priority is claimed.

(complete (d) or (e))

- (d) no such applications have been filed.
- (e) such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			— YES NO —
			— YES NO —
			— YES NO —
			— YES NO —
			— YES NO —

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number and Filing Date of Provisional Applications for which benefit is claimed:

60/217,569 Filed: July 12, 2000

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

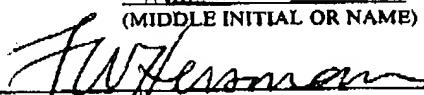
Full name of sole or first inventor

F.
(GIVEN NAME)

William
(MIDDLE INITIAL OR NAME)

Hersman
FAMILY (OR LAST NAME)

Inventor's signature



Date 9/12/01

Country of Citizenship United States of America

Residence 66 Bucks Hill Rd., Durham, NH 03824

Post Office Address Same As Above

=====
=====

Full name of second joint inventor, if any

Mark
(GIVEN NAME)

Leuschner
(MIDDLE INITIAL OR NAME)

Leuschner
FAMILY (OR LAST NAME)

Inventor's signature

Date

Country of Citizenship United States of America

Residence 42 Lamprey St., Newmarket, NH 03857

Post Office Address Same As Above

FROM : NH

FAX NO. : 603 862 0329

Sep. 13 2001 11:12AM P3

09/13/01 THU 10:30 FAX 603 862 2998

UNH PHYSICS

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09/12/2001 11:54 DEVINE MILLIMET & BRANCH → 9900#1#986203294

NO.201

D84

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number and Filing Date of Provisional Applications for which benefit is claimed:

60/117,560 Filed: July 12, 2000

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

F.
(GIVEN NAME)

William
(MIDDLE INITIAL OR NAME)

Hersman
(FAMILY (OR LAST NAME))

Inventor's signature _____

Date _____ Country of Citizenship United States of America

Residence 66 Backs Hill Rd., Durham, NH 03824

Post Office Address Same As Above

Full name of second joint inventor, if any

Mark
(GIVEN NAME)

Lauachner
(MIDDLE INITIAL OR NAME)

Lauachner
(FAMILY (OR LAST NAME))

Inventor's signature Mark Lauachner

Date Sept 13 2001 Country of Citizenship United States of America

Residence 42 Lamprey St., Newmarket, NH 03857

Post Office Address Same As Above

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION**

Signature for third and subsequent joint inventors. *Number of pages added* 1.

* * *

Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* _____.

* * *

Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* _____.

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* * *

Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

Number of pages added 1.

* * *

Authorization of attorney(s) to accept and follow instructions from representative.

* * *

(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item.)

This declaration ends with this page.



Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 5 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jeannette		Carberry	
Inventor's Signature		Date	
Residence: City	NH	Country	USA
Citizenship USA			
Mailing Address 230 Circle Road, #4, Manchester, NH 03103			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT

Attorney's Docket No. 2015-47779
 First Named Inventor Hector J. TRADENARY

DECLARATION SUBMITTED AFTER INITIAL FILING

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 (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
 AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number and Filing Date of Provisional Applications for which benefit is claimed:

60/217,569 Filed: July 12, 2000

DECLARATION

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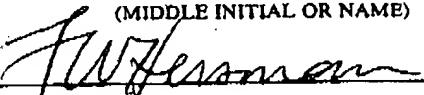
NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

F.
(GIVEN NAME)

William
(MIDDLE INITIAL OR NAME)

Hersman
FAMILY (OR LAST NAME)

Inventor's signature 

Date 9/12/01

Country of Citizenship United States of America

Residence 66 Bucks Hill Rd., Durham, NH 03824

Post Office Address Same As Above

Full name of second joint inventor, if any

Mark
(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Leuschner
FAMILY (OR LAST NAME)

Inventor's signature

Date

Country of Citizenship United States of America

Residence 42 Lamprey St., Newmarket, NH 03857

Post Office Address Same As Above

09/13/01 THU 10:50 FAX 603 862 2888

UNH PHYSICS

4003

09/12/2001 11:54 DEVINE MILLIMET & BRANCH # 9900#1#98620329#

NO.201 004

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number and Filing Date of Provisional Applications for which benefit is claimed:60/217,569 Filed: July 12, 2000**DECLARATION**

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Full name of sole or first inventorE.
(GIVEN NAME)William
(MIDDLE INITIAL OR NAME)Hersman
FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____

Country of Citizenship United States of AmericaResidence 66 Backs Hill Rd., Durham, NH 03824Post Office Address Same As Above_____

_____**Full name of second joint inventor, if any**Mark
(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

Lauachler
FAMILY (OR LAST NAME)

Inventor's signature _____

Mark LauachlerDate Sept 13 2001Country of Citizenship United States of AmericaResidence 42 Lamprey St., Newmarket, NH 03857Post Office Address Same As Above

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION**

Signature for third and subsequent joint inventors. *Number of pages added* 1.

* * *

Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* _____.

* * *

Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* _____.

* * *

Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).

* * *

Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

Number of pages added 1.

* * *

Authorization of attorney(s) to accept and follow instructions from representative.

* * *

(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item.)

This declaration ends with this page.



Please type a plus sign (+) inside this box →

PTC/88/02A (11-00)

Approved for use through 10/31/2002. OMB 0681-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 5 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jeannette		Carberry	
Inventor's Signature	Date 25 March 2005		
Residence: City Merrimack	State NH	Country USA	Citizenship USA
Mailing Address 6 Clay Street			
Mailing Address			
City Merrimack	State NH	ZIP 03054	Country USA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Mailing Address			
City	State	ZIP	Country

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